

Written Testimony for the Public Health Committee

March 7, 2022

H.B. 5277 An Act Concerning the Establishment of Technical Standards for Medical Diagnostic Equipment that Promotes Accessibility in Health Care Facilities

Dear Committee Members,

My name is Carly Malesky and I live in Farmington, Connecticut. I am a medical student. I am testifying **in support of** proposed HB 5277, An Act Concerning the Establishment of Technical Standards for Medical Diagnostic Equipment that Promotes Accessibility in Health Care Facilities.

One fifth of adults living in Connecticut have disability, and nearly 10% of them have a mobility disability defined as serious difficulty walking or climbing stairs. According to those statistics, more than 55,000 people have mobility disability in our state [1]. People with disabilities are recognized important consumers of healthcare, yet experience significant barriers to equitable healthcare. One of those barriers is the lack of accessible medical diagnostic equipment, including exam tables, chairs, weight scales, patient lifts, and imaging devices, that prevent people with mobility disability from receiving complete, and therefore equal, care [2]. Technical standards for medical diagnostic equipment are set by the U.S. Access Board's accessibility standards issued in 2017 [3].

The lack of accessible diagnostic medical equipment has affected my patients personally. Before medical school, I was a Certified Nurse's Assistant for over 3 years. During this time, I witnessed several patients who were wheelchair bound and transferred inappropriately due to lack of accessible equipment. I have witnessed how these transfers have caused distress to patients and prevented them from developing rapport with their caretakers who they relied on to complete activities of daily living. HB 5277 will promote the comfort and safety of patients with mobility disabilities and ensure equitable treatment.

Over a decade of research unequivocally shows that a large majority of physicians and other healthcare providers nationwide do not use accessible equipment for routine care of patients with significant mobility limitations [2,4,5]. The National Council on Disability released a comprehensive report in 2021 in which they demonstrate that the lack of enforceable medical diagnostic equipment standards allows for continued, widespread discrimination in healthcare for people with

mobility disabilities [2]. Ensuring accessible medical diagnostic equipment is one of the National Council's core tenets in their framework for health care equity released in 2022. The persistence of physical barriers in the healthcare environment contributes to health disparities for people with disabilities. These disparities include higher rates of preventable conditions like diabetes and heart disease and lower rates of cancer screening tests [6-9].

More than 30 years after the enactment of the Americans with Disabilities Act, healthcare remains inaccessible to people with disabilities, a critical public health issue [2]. If we don't choose to change now, when will we? Connecticut should serve as a role model for health equity and innovation by adopting the U.S. Access Board's accessibility standards and lead the way in improving healthcare access and quality for its disabled citizens.

Thank you for the opportunity to submit this testimony.

References:

1. Disability and Health U.S. State Profile Data for Connecticut (adults 18+ years of age). Disability Impacts Connecticut. Centers for Disease Control and Prevention. Updated June 28, 2021. Accessed February 24, 2022.
URL: <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/connecticut.html>
2. Enforceable Accessible Medical Equipment Standards: A Necessary Means to Address the Health Care Needs of People with Mobility Disabilities. National Council on Disability. May 20, 2021. Accessed February 24, 2022.
URL: https://ncd.gov/sites/default/files/Documents/NCD_Medical_Equipment_Report_508.pdf
3. Medical Diagnostic Equipment: Accessibility Standards. U.S. Access Board. Published January 9, 2017. Accessed February 24, 2022.
4. Iezzoni, L. I., Rao, S. R., Ressler, J., Bolcic-Jankovic, D., Donelan, K., Agaronnik, N., ... & Campbell, E. G. (2021). Use of accessible weight scales and examination tables/chairs for patients with significant mobility limitations by physicians nationwide. *The Joint Commission Journal on Quality and Patient Safety*, 47(10), 615-626.
5. Lagu, T., Hannon, N. S., Rothberg, M. B., Wells, A. S., Green, K. L., Windom, M. O., ... & Lindenauer, P. K. (2013). Access to subspecialty care for patients with mobility impairment: a survey. *Annals of Internal Medicine*, 158(6), 441-446.

6. The Current State of Health Care for People with Disabilities. National Council on Disability. September 30, 2009. Accessed February 24, 2022. URL: <https://files.eric.ed.gov/fulltext/ED507726.pdf>
7. NCD Letter to the NIMHD, AHRQ regarding health disparity population designation for people with disabilities. December 7, 2021. Accessed February 24, 2022. URL: <https://www.ncd.gov/publications/2021/ncd-letter-nimhd-ahrq-health-disparity-population-designation>
8. Jette, A. M., & Field, M. J. (Eds.). (2007). The future of disability in America.
9. Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American journal of public health*, 105(S2), S198-S206.